

Occupational Safety and Health Professional APPLICATION FOR CERTIFICATION

HIOSH COMMITTEE

830 PUNCHBOWL STREET, HONOLULU, HI 96813
PHONE: (808) 586-9116 FAX: (808) 586-9104

COMPLETE APPLICATION MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK

COMMITTEE USE ONLY
APP. FEE
SCREENED
APPL. NOT.
REVIEWED
APPL. NOT.
CERT. FEE
CERT. NO.

A. PERSONAL DATA

NAME LAST FIRST MIDDLE				DATE OF BIRTH		SOCIAL SECURITY NUMBER	
TITLE OR POSITION				EMPLOYER			
BUSINESS ADDRESS NUMBER STREET CITY STATE ZIP		COUNTRY IF NOT USA		SEND MAIL HERE <input type="checkbox"/>			
HOME ADDRESS NUMBER STREET CITY STATE ZIP		SEND MAIL HERE <input type="checkbox"/>					
HOME PHONE INCLUDE AREA CODE		BUSINESS PHONE INCLUDE AREA CODE		FAX: <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME			

B. REQUIREMENTS

PLEASE INDICATE APPLICABLE EXPERIENCE BELOW:

- 1) ☐ CSP CERTIFICATE ISSUE DATE _____ (ATTACH COPY)
- 2) ☐ CIH CERTIFICATE ISSUE DATE _____ (ATTACH COPY)
- 3) ☐ State licensed as a professional engineer, with five years of documented professional safety and health experience within the last seven years prior to the filing of this application. LICENSE ISSUE DATE _____ (ATTACH COPY)
- *4) ☐ A bachelor of science degree in industrial hygiene, safety, occupational safety and health, biology, chemistry, environmental health and science, physics, engineering, or a related field, with five years of documented professional safety and health experience prior to the filing of this application.
- *5) ☐ Nine years of documented professional safety and health experience within the last ten years prior to the filing of this application.

*NOTE: A CERTIFIED COLLEGE TRANSCRIPT MUST BE SUBMITTED FOR EDUCATIONAL CREDIT WHEN USING B4 OR B5 ABOVE.

C. COLLEGE EDUCATION

COLLEGE OR UNIVERSITY NAME & ADDRESS	ATTENDED		ACADEMIC YEARS COMPLETED	COURSE OR MAJOR	DEGREE EARNED	TRANSCRIPT ENCLOSED?	COMMITTEE USE ONLY	
	FROM MONTH/YEAR	TO MONTH/YEAR					UNITS OF CREDIT	TRANSCRIPT VERIFIED

D. SUMMARY OF PROFESSIONAL SAFETY EXPERIENCE

(EXTRACT FROM EXPERIENCE FORM SHEET AND LIST IN CHRONOLOGICAL ORDER)

EMPLOYER/POSITION <i>LIST CURRENT POSITION FIRST</i>	START DATE MONTH/YEAR	END DATE MONTH/YEAR	MONTHS ON JOB	EXPERIENCE CREDIT REVIEW 1 REVIEWER NAME	EXPERIENCE CREDIT REVIEW 2 REVIEWER NAME	COMMENTS
EMPLOYER						
POSITION		PRESENT				
EMPLOYER						
POSITION						
EMPLOYER						
POSITION						
EMPLOYER						
POSITION						
EMPLOYER						
POSITION						
TOTAL						SHADED PORTION FOR COMMITTEE USE ONLY

E. PRIMARY SPECIALTY

☐ Occupational Safety or General Safety

☐ Industrial Hygiene

F. PROFESSIONAL REFERENCES (use separate sheet if necessary)

NAME ADDRESS/TELEPHONE NUMBER	TITLE	PERIOD COVERED	PROFESSIONAL RELATIONSHIP CURRENT SUPERVISOR

CERTIFICATE WILL BE USED FOR:

☐ SELF ONLY

☐ OTHERS (SELF & STAFF)

I certify that the preceding statements, including any attachments, are accurate to the best of my knowledge. I understand that any falsification in this application will be grounds for rejection or for later revocation of any certificate issued.

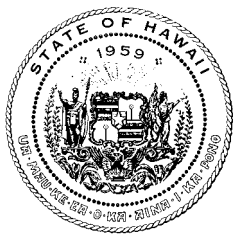
Signature

Date

A NON-REFUNDABLE APPLICATION FEE OF \$50 (U.S.) MUST ACCOMPANY YOUR APPLICATION.

Make Check or Money Order payable to: DIRECTOR OF BUDGET & FINANCE

HIOSH COMMITTEE, 830 PUNCHBOWL STREET, ROOM 425, HONOLULU, HAWAII 96813
YOUR CANCELLED CHECK WILL BE YOUR RECEIPT



Occupational Safety and Health Professional

EXPERIENCE FORM

HIOSH COMMITTEE

830 PUNCHBOWL STREET, HONOLULU, HI 96813

PHONE: (808) 586-9116

FAX: (808) 586-9104

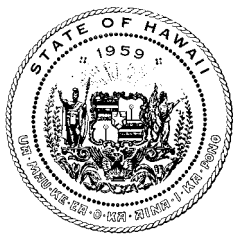
FORM MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK

APPLICANT			LAST			FIRST			MIDDLE			FILE NUMBER			(OFFICE USE ONLY)					
DATE OF EMPLOYMENT									EMPLOYER											
Month			Day			Year			to			Month			Day			Year		
EMPLOYER ADDRESS									TELEPHONE NUMBER									INCLUDE AREA CODE		
POSITION TITLE									DATES EMPLOYED IN THIS POSITION											
Month			Day			Year			to			Month			Day			Year		
WAS THIS A FULL-TIME POSITION?									PERCENTAGE OF TIME SPENT IN OCCUPATIONAL SAFETY & HEALTH WORK											
<input type="checkbox"/>			YES			<input type="checkbox"/>			NO			<input type="text"/>			%					
SUPERVISOR									Title											
Name																				
DESCRIBE DUTIES WHICH EXHIBIT KNOWLEDGE AND FAMILIARITY WITH HIOSH STANDARDS:																				
DATE OF EMPLOYMENT									EMPLOYER											
Month			Day			Year			to			Month			Day			Year		
EMPLOYER ADDRESS									TELEPHONE NUMBER									INCLUDE AREA CODE		
POSITION TITLE									DATES EMPLOYED IN THIS POSITION											
Month			Day			Year			to			Month			Day			Year		
WAS THIS A FULL-TIME POSITION?									PERCENTAGE OF TIME SPENT IN OCCUPATIONAL SAFETY & HEALTH WORK											
<input type="checkbox"/>			YES			<input type="checkbox"/>			NO			<input type="text"/>			%					
SUPERVISOR									Title											
Name																				
DESCRIBE DUTIES WHICH EXHIBIT KNOWLEDGE AND FAMILIARITY WITH HIOSH STANDARDS:																				

DATE OF EMPLOYMENT Month / Day / Year to Month / Day / Year				EMPLOYER	
EMPLOYER ADDRESS				TELEPHONE NUMBER <small>INCLUDE AREA CODE</small>	
POSITION TITLE			DATES EMPLOYED IN THIS POSITION Month / Day / Year to Month / Day / Year		
WAS THIS A FULL-TIME POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		PERCENTAGE OF TIME SPENT IN OCCUPATIONAL SAFETY & HEALTH WORK <input type="text"/> %			
SUPERVISOR <small>Name</small>			Title		
DESCRIBE DUTIES WHICH EXHIBIT KNOWLEDGE AND FAMILIARITY WITH HIOSH STANDARDS:					

DATE OF EMPLOYMENT Month / Day / Year to Month / Day / Year				EMPLOYER	
EMPLOYER ADDRESS				TELEPHONE NUMBER <small>INCLUDE AREA CODE</small>	
POSITION TITLE			DATES EMPLOYED IN THIS POSITION Month / Day / Year to Month / Day / Year		
WAS THIS A FULL-TIME POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		PERCENTAGE OF TIME SPENT IN OCCUPATIONAL SAFETY & HEALTH WORK <input type="text"/> %			
SUPERVISOR <small>Name</small>			Title		
DESCRIBE DUTIES WHICH EXHIBIT KNOWLEDGE AND FAMILIARITY WITH HIOSH STANDARDS:					

DATE OF EMPLOYMENT Month / Day / Year to Month / Day / Year				EMPLOYER	
EMPLOYER ADDRESS				TELEPHONE NUMBER <small>INCLUDE AREA CODE</small>	
POSITION TITLE			DATES EMPLOYED IN THIS POSITION Month / Day / Year to Month / Day / Year		
WAS THIS A FULL-TIME POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		PERCENTAGE OF TIME SPENT IN OCCUPATIONAL SAFETY & HEALTH WORK <input type="text"/> %			
SUPERVISOR <small>Name</small>			Title		
DESCRIBE DUTIES WHICH EXHIBIT KNOWLEDGE AND FAMILIARITY WITH HIOSH STANDARDS:					



Occupational Safety and Health Professional REFERENCE QUESTIONNAIRE FORM

HIOSH COMMITTEE

830 PUNCHBOWL STREET, HONOLULU, HI 96813
PHONE: (808) 586-9116 FAX: (808) 586-9104

FORM MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK

Dear _____,
Name of Reference

_____ has applied to the HIOSH Committee for Certification
Name of Applicant

of Occupational Safety and Health Professionals and has forwarded this questionnaire to you for completion as a reference. Please give each applicable question your careful consideration. A prompt reply within 10 days will be appreciated by the applicant and the committee.

- 1) I have personal knowledge upon which to evaluate the applicant's occupational safety and health capabilities from _____ to _____.
month/year month/year
- 2) What has been the nature of your association? ☐ Current Supervisor ☐ Friend/Acquaintance
☐ Past Supervisor ☐ Other _____
☐ Co-Worker _____
- 3) Are you related to the applicant? ☐ Yes ☐ No
If yes, please explain _____
- 4) Please describe the applicant's position and responsibilities in occupational safety or health.
(use separate sheet if necessary)

- 5) For what period of time are you providing this reference?
_____/_____/_____ to _____/_____/_____.
Month Day Year Month Day Year
- 6) Is (was) the position full-time? ☐ Yes ☐ No

- 7) What percent of the applicant's time is (was) devoted to occupational safety or health activities while serving in this position?

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 %

- 8) Please describe the applicant's ability to carry out occupational safety or health activities or functions.
(use separate sheet if necessary)

- 9) Additional remarks, amplifying information or special accomplishments (use separate sheet if necessary)

Signature	_____	Date	_____
Printed Name	_____	Title	_____
Company	_____	Division	_____
Street Address	_____		
City	_____	State	_____ Zip _____
Telephone No.	(_____) area code telephone number		

If you are a Certified Industrial Hygienist, or a Certified Safety Professional, please provide your certificate number.

CIH Certificate Number _____

CSP Certificate Number _____

PLEASE RETURN THIS QUESTIONNAIRE TO: **HIOSH COMMITTEE**
830 PUNCHBOWL STREET, ROOM 425
HONOLULU, HAWAII 96813